

800.0119

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Pechanek et al.

Serial No.: 10/036,789

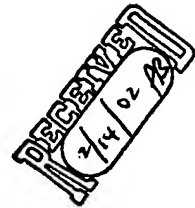
Filed: December 21, 2001

For: MANIFOLD ARRAY PROCESSOR

Group: Not yet assigned

Examiner: Not yet assigned

Official



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February 14, 2002  
Chapel Hill, NC 27516Commissioner for Patents  
Washington, DC 20231

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## CERTIFICATION OF FACSIMILE TRANSMISSION

Technology Center 2100

Sirs:

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office on the date shown below:

1. Fee Transmittal for FY 2002 (2 pages);
2. Amendment (4 pages);

Fax No.: 703-746-7239

Marianna Tortorelli

Printed name of person signing

Marianna Tortorelli

Signature

Date: February 14, 2002

PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0861-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| FEE TRANSMITTAL<br>for FY 2002              |            | Complete if Known    |                   |
|---|------------|----------------------|-------------------|
|   |            | Application Number   | 10/036,789        |
| Patent fees are subject to annual revision. |            | Filing Date          | December 21, 2002 |
|   |            | First Named Inventor | Pechanek et al.   |
|   |            | Examiner Name        | Not Yet Assigned  |
|   |            | Group Art Unit       | Not Yet Assigned  |
| TOTAL AMOUNT OF PAYMENT                     | (\$ 42.00) | Attorney Docket No.  | 800.0119          |

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| METHOD OF PAYMENT   |                       | FEE CALCULATION (continued) |                       |                        |                       |                 |          |     |      |     |         |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |
|---|-----------------------|-----------------------------|-----------------------|------------------------|-----------------------|-----------------|----------|-----|------|-----|---------|--------------------|-------|-----|-----|-----|-----|-------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--------------------|--|-----|-----|-----|----|------------------------|--|--|--|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:<br><br>Deposit Account Number: 50-1058<br>Deposit Account Name: Law Offices of Peter H. Priest<br><br><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |                       | 3. ADDITIONAL FEES          |                       |                        |                       |                 |          |     |      |     |         |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |
| 2. <input type="checkbox"/> Payment Enclosed:<br><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |                       |                             |                       |                        |                       |                 |          |     |      |     |         |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |
| FEE CALCULATION   |                       |                             |                       |                        |                       |                 |          |     |      |     |         |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |
| 1. BASIC FILING FEE   |                       |                             |                       |                        |                       |                 |          |     |      |     |         |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |
| <table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr></tbody></table> |                       | Large Entity Fee Code       | Large Entity Fee (\$) | Small Entity Fee Code  | Small Entity Fee (\$) | Fee Description | Fee Paid | 101 | 740  | 201 | 370     | Utility filing fee |       | 106 | 330 | 206 | 165 | Design filing fee |  | 107 | 510 | 207 | 255 | Plant filing fee |  | 108 | 740 | 208 | 370 | Reissue filing fee |  | 114 | 160 | 214 | 80 | Provisional filing fee |  |  |  |
| Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code       | Small Entity Fee (\$) | Fee Description        | Fee Paid              |                 |          |     |      |     |         |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |
| 101   | 740                   | 201                         | 370                   | Utility filing fee     |                       |                 |          |     |      |     |         |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |
| 106   | 330                   | 206                         | 165                   | Design filing fee      |                       |                 |          |     |      |     |         |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |
| 107   | 510                   | 207                         | 255                   | Plant filing fee       |                       |                 |          |     |      |     |         |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |
| 108   | 740                   | 208                         | 370                   | Reissue filing fee     |                       |                 |          |     |      |     |         |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |
| 114   | 160                   | 214                         | 80                    | Provisional filing fee |                       |                 |          |     |      |     |         |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |
| SUBTOTAL (1) (\$ 0)   |                       |                             |                       |                        |                       |                 |          |     |      |     |         |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |
| 2. EXTRA CLAIM FEES   |                       |                             |                       |                        |                       |                 |          |     |      |     |         |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |
| <table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>14</td><td>-20**= 0</td><td>9</td><td>0.00</td></tr><tr><td>4</td><td>-3**= 1</td><td>42</td><td>42.00</td></tr></tbody></table>   |                       | Total Claims                | Extra Claims          | Fee from below         | Fee Paid              | 14              | -20**= 0 | 9   | 0.00 | 4   | -3**= 1 | 42                 | 42.00 |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |
| Total Claims  | Extra Claims          | Fee from below              | Fee Paid              |                        |                       |                 |          |     |      |     |         |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |
| 14  | -20**= 0              | 9                           | 0.00                  |                        |                       |                 |          |     |      |     |         |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |
| 4   | -3**= 1               | 42                          | 42.00                 |                        |                       |                 |          |     |      |     |         |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |
| Multiple Dependent  |                       |                             |                       |                        |                       |                 |          |     |      |     |         |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |
| Large Entity Fee Code (\$)  |                       |                             |                       |                        |                       |                 |          |     |      |     |         |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |
| Small Entity Fee Code (\$)  |                       |                             |                       |                        |                       |                 |          |     |      |     |         |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |
| Fee Description   |                       |                             |                       |                        |                       |                 |          |     |      |     |         |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |
| 103 18 203 9 Claims in excess of 20   |                       |                             |                       |                        |                       |                 |          |     |      |     |         |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |
| 102 84 202 42 Independent claims in excess of 3   |                       |                             |                       |                        |                       |                 |          |     |      |     |         |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |
| 104 280 204 140 Multiple dependent claim, if not paid   |                       |                             |                       |                        |                       |                 |          |     |      |     |         |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |
| 109 84 209 42 **Reissue independent claims over original patent   |                       |                             |                       |                        |                       |                 |          |     |      |     |         |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |
| 110 18 210 9 **Reissue claims in excess of 20 and over original patent  |                       |                             |                       |                        |                       |                 |          |     |      |     |         |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |
| SUBTOTAL (2) (\$ 0)   |                       |                             |                       |                        |                       |                 |          |     |      |     |         |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |
| ** or number previously paid, if greater; For Reissues, see above   |                       |                             |                       |                        |                       |                 |          |     |      |     |         |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |
|   |                       | Other fee (specify)         |                       |                        |                       |                 |          |     |      |     |         |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |
|   |                       | SUBTOTAL (3) (\$ 0)         |                       |                        |                       |                 |          |     |      |     |         |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |  |  |

| SUBMITTED BY      |                   | Complete (if applicable)          |              |
|-------------------|-------------------|-----------------------------------|--------------|
| Name (Print/Type) | Steven R. Quinley | Registration No. (Attorney/Agent) | 47,012       |
| Signature         |                   | Telephone                         | 919-942-1434 |
|                   |                   | Date                              | 02/15/2002   |

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Applicant(s): Pechanek et al.

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Washington, DC 20231

SUPPLEMENTAL PRELIMINARY AMENDMENT

Sir:

Please amend the above identified application as follows:

In the Claims

Please cancel claims 2-15 without prejudice.

Please add the following new claims.

--44. An array processor comprising:

a plurality of processing elements arranged in clusters, each cluster including processing elements which communicate in mutually exclusive torus directions with the processing elements of at least one other cluster; and